POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WD	7ω3ρ	02-04-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	UMW	68231	4.6.00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date						
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	35	✔	✔					
	36	✔	✔					
	37	✔	✔					
	38	✔	=					
	39	✔	✔	✔				
	40	✔	✔	✔				
	41	✔	✔	✔				
	42	✔	✔	✔				
	43	✔	✔	✔				
	44	✔	✔	✔				
	45	✔	✔	✔				
	46	✔	✔	∅				
	47	✔	✔	∅				
	48	✔	✔	∅				
	49	✔	✔	✔				
	50	✔	✔	✔				

Claim		Date						
Final	Original							
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Claim		Date						
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If more than 150 claims or 10 actions
staple additional sheet here

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